

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-017487

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318  
FILED MAY 9 1963

Primary Registration District No.

1003

Registrar's No.

4582

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|   |   |   |   |
|---|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY                                 |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis, Mo.</b>  |   | c. CITY OR TOWN <b>St. Louis</b>  |   |
| Length of stay in 1b  |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>City Hospital</b>   |   | d. STREET ADDRESS <b>2903 So. Kingshighway</b>  |   |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |   | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>   |   |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><b>Salvatore Charles Cipolla</b>  |   | 4. DATE OF DEATH<br>Month Day Year<br><b>April 24 1963</b>  |   |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Oct. 25 1901</b> |
| 9. AGE (last birthday)<br><b>61</b>   |   | IF UNDER 1 YEAR: Months Days Hours Min.<br>IF UNDER 24 HR: Months Days Hours Min.   |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired Newsender</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY   |   |
| 11. BIRTHPLACE (City and state or country)<br><b>St. Louis, Mo.</b>   |   | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>  |   |
| 13a. FATHER'S NAME<br><b>Vincent Cipolla</b>  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Concetta Salamone</b>   |   |
| 14. NAME OF HUSBAND OR WIFE<br><b>None</b>  |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, name or unknown) (If yes, give war or dates)<br><b>No</b>  |   |
| 16. Y NO<br><b>848</b>  |   | 17. INFORMANT Address<br><b>Josephine Raziano Brooklyn N.Y.</b>   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b><br><b>Atherosclerosis.</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>4201</b><br>DUE TO (c)<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |   | INTERVAL BETWEEN ONSET AND DEATH        |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |   |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.<br>Month, Day, Year   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    |   |   |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  | 20f. CITY, TOWN, OR LOCATION  |   | COUNTY STATE                            |
| 21. I attended the deceased from <b>5:35</b> to <b>A</b> and last saw her alive on <b>5-35</b> m on the date stated above, and to the best of my knowledge, from the causes stated.   |   |   |   |
| 22a. SIGNATURE (Degree or title)<br><b>Josephine Raziano</b>  |   | 22b. ADDRESS<br><b>1300 Claer</b>   |   |
| 22c. DATE SIGNED<br><b>4-26-63</b>  |   | 22d. (State)  |   |
| 23a. BURIAL, CREMATION, OR REMOVAL (Specify)<br><b>Burial</b>   | 23b. DATE<br><b>April 27 1963</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Calvary Cemetery</b>   |   |
| 23d. LOCATION (City, town, or county)<br><b>St. Louis, Mo.</b>  |   | 23e. DATE RECD. BY LOCAL REG.<br><b>APR 26 1963</b>   |   |
| 24. FUNERAL DIRECTOR<br><b>Bensiek Niehaus Morticians 1431 Union Bl.</b>  |   | 25. REGISTRAR'S SIGNATURE<br><b>Paul Smith. M.D.</b>  |   |

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Harry E. Monroe

Licensed Embalmer No. 4495

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.